

# **EXHIBIT A**



STATE OF TEXAS  
CERTIFICATION OF DEATHDEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Aug 16 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-154294

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)

(Before Marriage)

2. DATE OF DEATH - ACTUAL OR PRESUMED

(mm-dd-yyyy)

AUGUST 14, 2021

GWENDOLYN ANNE STEVENS

BONOMOLO

3. SEX

4. DATE OF BIRTH (mm-dd-yyyy)

5. AGE-Last Birthday

IF UNDER 1 YR

IF UNDER 1 DAY

6. BIRTHPLACE (City &amp; State or Foreign Country)

FEMALE

SEPTEMBER 5, 1959

61

Mo Days

Hours Min

NEW ORLEANS, LA

7. SOCIAL SECURITY NUMBER

8. MARITAL STATUS AT TIME OF DEATH

9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)

436-13-5300

☒ Married☐ Widowed (but not remarried)☐ Divorced (but not remarried)☐ Never Married☐ Unknown

ROBERT CHARLES STEVENS

10a. RESIDENCE STREET ADDRESS

10b. APT. NO.

10c. CITY OR TOWN

11550 EASTWOOD ST

MAGNOLIA

10d. COUNTY

10e. STATE

10f. ZIP CODE

10g. INSIDE CITY LIMITS?

MONTGOMERY

TEXAS

77354

☐ Yes ☒ No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE

12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE

JOSEPH BONOMOLO

RITA MONTZ

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL:

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

☐ Inpatient☐ ER/Outpatient☐ DOA☐ Hospice Facility☐ Nursing Home☒ Decedent's Home☐ Other (Specify)

14. COUNTY OF DEATH

15. CITY/TOWN, ZIP - (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)

16. FACILITY NAME (If not institution, give street address)

MONTGOMERY

PRECINCT 5, 77354

11550 EASTWOOD ST

17. INFORMANT'S NAME &amp; RELATIONSHIP TO DECEASED

18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)

ROBERT STEVENS - HUSBAND

11550 EASTWOOD ST, MAGNOLIA, TX 77354

19. METHOD OF DISPOSITION

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING

21. ☐ Unknown☒ Burial☐ Cremation☐ Donation☐ AS SUCH☐ Entombment☐ Removal from state☐ Mausoleum

GLENN ADDISON, BY ELECTRONIC SIGNATURE - 111682

Section 2

Block 53

Lot ROW 38

Space 10

☐ Other (Specify)

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

23. LOCATION (City/Town, and State)

MAGNOLIA MEMORIAL GARDENS

MAGNOLIA, TX

24. NAME OF FUNERAL FACILITY

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)

MAGNOLIA FUNERAL HOME, INC

811 S MAGNOLIA BLVD, MAGNOLIA, TX 77355

26. CERTIFIER (Check only one)

☒ Certifying physician/To the best of my knowledge, death occurred due to the cause(s) and manner stated.☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER

28. DATE CERTIFIED (mm-dd-yyyy)

29. LICENSE NUMBER

30. TIME OF DEATH (Actual or presumed)

FRANK MAHZARI, BY ELECTRONIC SIGNATURE

AUGUST 16, 2021

L8817

08:20 PM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)

32. TITLE OF CERTIFIER

FRANK MAHZARI 2626 S. LOOP W. HOUSTON, TX 77054

MD

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER

Approximate interval

TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE

ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final

disease or condition

resulting in death)

a. METASTATIC CANCER OF FALLOPIAN TUBE

Due to (or as a consequence of):

Sequentially list conditions,

if any, leading to the cause

listed on line a. Enter the

UNDERLYING CAUSE

(disease or injury that

initiated, the events resulting

in death) LAST

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

SEVERAL YEARS

PART 2. ENTER OTHER

CAUSE GIVEN IN PART 1

SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED?

☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

THE CAUSE OF DEATH?

☐ Yes ☐ No

36. MANNER OF DEATH

37. DID TOBACCO USE CONTRIBUTE

TO DEATH?

38. IF FEMALE:

39. IF TRANSPORTATION INJURY, SPECIFY:

☒ Natural☐ Accident☐ Suicide☐ Homicide☐ Pending Investigation☐ Could not be determined☐ Yes☐ No☐ Not pregnant within past year☐ Pregnant at time of death☐ Not pregnant, but pregnant within 42 days of death☐ Not pregnant, but pregnant 43 days to one year before death☐ Unknown if pregnant within the past year☐ Driver/Operator☐ Passenger☐ Pedestrian☐ Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy)

40b. TIME OF INJURY

40c. INJURY AT WORK?

40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City, State, Zip Code)

40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.

42b. DATE RECEIVED BY LOCAL REGISTRAR

42c. REGISTRAR

EDR NUMBER 000044445101571

This is a true and correct copy of the record as registered in the State of Texas. Issued under the

authority of Section 191.051, Health and Safety Code.

ISSUED Aug 24 2021

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TARA DAS

STATE REGISTRAR

JON

VS-112 REV 1/2006

Q A 2 0 0 5 5 1 3 5

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES

VITAL STATISTICS



